Testimony in Response to
Bill H.B. 5591---Concerning Healthy Teens
Reject: Comprehensive Sex Education

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In my testimony, I would like to expose the real agenda of comprehensive sex education and emphasize why this curriculum will have a devastating impact on youth throughout the state of Connecticut. Please note that examples, concerns, and points cited below are directly taken from an article by the National Abstinence Education Association, June 2007, entitled, "Straight from the Source: What so called "Comprehensive" Sex Education (CSE) Teaches to America's Youth." Concurrent with the above article I have also integrated additional research and experiential knowledge with regard to this issue.

1st Major Concern: Comprehensive Sex Education Leads to Ineffective Outcomes

According to the recent report (May 2007) on comprehensive sex education conducted by The U.S. Department of Health and Human Services, there is little evidence that comprehensive sex education programs actually delay the onset of sexual activity. In fact a majority of the programs indicated no delay whatsoever. A summary of their meta-analysis of evaluation studies is provided below.

Curricula	Effectiveness on Delay of Sexual Onset
Reducing the Risk	Mixed Results
Be Proud! Be Responsible!	No Delay
Safer Choices	No Delay
AIDS Prevention for Adolescents in School	No Delay
BART=Becoming a Responsible Teen	Mixed Results
Teen Talk	No Delay
Reach for Health Curriculum	No Delay
Making Proud Choices	No Delay
Positive Images	No Evaluation

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2nd Major Concern: CSE programs identify that Abstinence and Safe Sex are Equivalent in Protection (National Abstinence Education Association, 2007).

Not a single CSE text encourages teens to delay sex until or at least out of high school, much less waiting until marriage (NAEA 2007). CSE programs continually make suggestions that abstinence and sex with contraception are equally viable options---this is misleading since the greatest benefit of abstinence risk avoidance vs. CSE risk reduction (NAEA). For example, some of the distorted examples from the CSE are as follows:

> Examples of how CSE Curriculum equates abstinence and sex with contraception as equal:
>
> There are only two ways to avoid pregnancy and HIV---not having sexual intercourse or consistently using protection" (Reducing the Risk, p. 37).
>
> Practicing safer sex, including abstinence is not something anyone can do without the cooperation of his or her partner (Be Proud! Be Responsible, p.8).
>
> How will you avoid pregnancy? Abstinence, condoms and other birth control methods are placed as equal choices (Reducing the Risk, p. 129). Note, there is no "best" answer given.

3rd Major Concern: CSE promotes provocative (i.e., versus preventative) alternatives to Intercourse (NAEA 2007)

CSE programs contains promotion of alternatives to intercourse by suggesting alleged safe outercourse activities (NAEA 2007). The presentation of these examples as "safe" is medically inaccurate because it ignores the possibility of skin-to-skin transmission of disease (NAEA 2007). Erroneously, some educators have taught that 'non-coital sexual activity can be engaged in safely without fear of pregnancy or disease. Due to their patterns of transmissibility, genital herpes, syphilis, and HPV can all be transmitted by mutual masturbation. In fact, a recent study demonstrates that many individuals with genital warts transmit the HPV virus on their fingertips (Cited in Mann, McIlhaney, and Stine, 2000). Furthermore, the message to youth that non-coital activities can be "safe from pregnancy" may overshadow concerns about contracting a sexually transmitted disease. Lastly, these suggestions blatantly represent activities which would bring about arousal for the very intercourse they are trying to prevent (NAEA 2007). This approach ignores the natural momentum such intimacy produces and fails to teach students reasonable and safe boundaries (NAEA).

> Examples from Comprehensive Sex Education suggesting Outercourse activities:
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> "Write benefits of Outercourse on the board/easel paper and ask participants to brainstorm all the advantages of outercourse as compared to intercourse" (Making Sense of Abstinence, p. 64).

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> One activity entitled, the endless possibilities of outercourse lists all areas of the body, from head to toe and then ask students to brainstorm sexual activities they could engage in with each body part. Suggested kinds of touch include: "stroking, petting, squeezing, hugging, sucking, nuzzling, licking, and kissing," (Making Sense of Abstinence, p. 66).
>
> Touching and stroking can lead to orgasms for both males and females. It is a safe way to avoid pregnancy and STD (Be Proud! Be Responsible, p. 128).

4th Major Concern: Despite that the word "comprehensive" is used the CSE programs ignore the emotional consequences of teen sex (NAEA 2007).

Tragically, many teens experience depression and suicidal ideation after becoming sexually active. Over 25% of sexually active teenage girls ages 14 through 17, report being depressed all, most, or a lot of the time, a rate of depression more than 3 times than that of teenage girls who are not sexually active (7.7%: Rector, 2002). Sexually active boys 14 through 17 report being depressed all, most or a lot of the time at a rate 2 times greater than boys who are not sexually active (8.3 percent vs. 3.4 percent; Rector, 2002). Consistent with the depression, 6% of sexually active boys attempted suicide {in the past 12 months} as compared to boys that were not sexually active 0.7%. As their emotional problems intensify, approximately, 14.3% of girls who are sexually active reported attempting suicide {in the past 12 months}. Where as, only 5.1% of sexually inactive girls have attempted suicide (Rector, 2002).

Teens who engage in early sexual activity also have difficulty forming meaningful, stable and long-lasting relationships. Often sexual relationships among teens are fleeting and unstable which can result in long-term emotional, developmental, and physical concerns. According to Luker (1996), about 70% of all sexually active teenage women will have had more than one partner by the time they reach their twenties. A series of broken intimate relationships can undermine an individual's capacity to enter into a committed loving marital relationship.

5th Major Concern: Providing Ambiguous Inaccurate Definitions of Abstinence

According to the U.S. Department of Health and Human Services Administration for Children and Families, sexual abstinence is defined as, voluntarily choosing not to engage in sexual activity until marriage. Sexual activity refers to any type of genital contact or sexual stimulation between two persons including but not limited to, "sexual intercourse." This definition assures the avoidance of all risk associated with sexual activity.

Whereas, CSE programs inaccurately present an ambiguous definition of abstinence, with some stating that, "abstinence is anything you want it to mean." An example of the CSE curricula include:

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Imagine someone has decided to be ABSTINENT. According to your own definition of "abstinence" circle the following sexual behaviors you believe a person can engage in and still be abstinent. Among the choices: reading erotic literature, cuddling naked, mutual masturbation, showering together, watching porn, and talking sexy.

Abstinence may include "sexually pleasurable things without having intercourse" (e.g., masturbation, kissing, talking, massaging having fantasies, etc.) (Making a Difference, p. 113).

Participants will define sexual abstinence for themselves (Making sense of Abstinence, p. 1).

6th Major Concern: Undermines the Role of Parents

CSE programs repeatedly inform teens that they can acquire birth control and reproductive services without their parents's knowledge and/or consent. It is absolutely inappropriate to encourage youth to circumvent parental awareness when going to "family" planning clinics. Very little of the curricula foster teen and parent communication regarding sexuality issues. By promoting an emphasis on "personal autonomy" the role of the parents and their values can be easily marginalized and largely ignored by youth. Due to the serious nature of sexual health issues, including the use of prescribed medication and other "reproductive services" (I want to emphasize the types of services include abortafacients, birth control and abortion on demand) offered at family planning clinics, it is extremely important that parental involvement is encouraged.

Examples from CSE Curricula which reveal how parental awareness and involvement is discouraged:

"You don't need a parent's permission to get birth control at a clinic. No one needs to know that you are going to a clinic" (Reducing the Risk, p. 137).

"Clarify that teens can obtain many services without parent/guardian permission, such as HIV, other STD and pregnancy testing, or access to condoms or other birth control" (Safer Choices, Level 2, p. 178).

Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent" (Reducing the Risk, p. 102).

CSE also ignores parental support for abstinence education. Recently, a 2007 Zogby poll revealed that parents support abstinence education over comprehensive sex education. Below are some of the critical findings from the Zogby poll:

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- Parents prefer abstinence education over comprehensive sex education by a 2 to 1 margin.

- Once parents understand what abstinence education actually teaches, 6 out of 10, parents would rather their child receive abstinence education versus comprehensive sex education.

- Most parents reject comprehensive sex education which focus on promoting and demonstrating contraceptive use.

- Furthermore, 2 out of 3 parents think that the importance of the "wait to have sex message" ends up being lost when programs demonstrate and encourage the use of contraception. Over half of parents believe that promoting and demonstrating condom usage encourages sexual activity.

7th Major Concern: CSE Programs Provide No Information about the Adverse Side-Effects of Contraception on Teens

Sex education programs which emphasize contraceptive use fail to inform teens about the adverse side effects and provide abortion as an immediate option in the event that "contraception fails."

Adolescent females are completely uneducated about the detrimental short and long term-side effects associated with taking different types of available contraception such as, the pill, morning after pill, Depo-Provera, and Norplant.

Adverse side-effects of these contraceptives on teens include: breast cancer, cervical cancer, endometrial atrophy (shrinking of the womb), infertility, mood swings and depression, blood clots, more susceptibility to the AIDS virus (HIV) and bacterial infections since the pill weakens the immune system (American Life League, 2002).

Finally, teens remain unaware not only of the negative side-effects of contraceptives but that they also act as abortifacient (i.e., chemical abortions) by which the lining of the uterus is irritated; therefore, the embryo (i.e., unborn child) is unable to attach (or implant) within the uterine wall (American Life League, 2002).